

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/585316 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27	1					
28						
29						
30						
31	cancel					
32						
33						
34						
35						
36						
37						
38						
39	cancel					
40	cancel					
41						
42						
43						
44						
45						
46						
47						
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	48	48	48	48	48	48

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53						
54						
55						
56						
57						
58						
59						
60	1					
61						
62						
63						
64	1					
65						
66						
67						
68						
69						
70						
71						
72	1					
73						
74						
75						
76	1					
77						
78						
79						
80						
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89						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	40					
TOTAL CLAIMS	48	48	48	48	48	48

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy